

FILED JUL 11 1957

STANDARD CERTIFICATE OF DEATH

37 0 2 3 0 2 4
STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registration **6059**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR St. Louis, TOWN				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE DOA City Hosp				Length of stay in lb 2 1/2		STREET ADDRESS (If outside, give location) 3742 Olive St.	
3. NAME OF DECEASED (Type or print) Emory L Wraight				4. DATE OF DEATH Month 6 Day 26 Year 57			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH 12/8/1911	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward Wraight				14. MOTHER'S MAIDEN NAME Sarah Dowell			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW2		16. SOCIAL SECURITY NO. Unk		17. INFORMANT Address Earl Wraight Kewanee, Illinois			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 422.2							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour a. m. p. m.		Month, Day, Year.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 7:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles E. Taylor (Deputy or title)				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 6/29/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/29/57		23c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.		23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo	
24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.				25. DATE RECD. BY LOCAL REG. JUN 29 57		26. REGISTRAR'S SIGNATURE Earl Smith md	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Harry Schussman

Licensed Embalmer No. *Y6*

P. O. Address *211 S*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license):

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.